

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT AFFIDAVIT		APPLICANT AFFIDAVIT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		APPLICANT AFFIDAVIT		APPLICANT AFFIDAVIT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL CLAIMS						